							_				
Fill	in this information to	o identify your ca	ase:								
Del	btor 1	Lois M Smit	h			_					
	btor 2 buse, if filing)					_					
Uni	ited States Bankrupt	tcy Court for the	: MIDDLE DISTRICT O	F PENNSYLVANIA		_					
Cas	se number 1:1:	3-bk-04105					Che	ck if this is:			
(If kr	nown)			-				An amende	d filing		
										ring postpetition following date:	
0	fficial Form	106I					Ī	MM / DD/ Y	YYY		
S	chedule I: `	Your Inc	ome								12/15
atta	ch a separate shee	et to this form.	r spouse is not filing wi On the top of any additi								
1.	information.	oyment		Debtor 1				Debtor 2	or non-	-filing spouse	
	If you have more t		Employment status	■ Employed				☐ Employed			
	attach a separate information about employers.		Employment status	☐ Not employed				☐ Not er	mployed	l	
	. ,		Occupation	Data Entry							
	Include part-time, self-employed wor		Employer's name	Aegis Insurance/Mobile Rec			eC				
	Occupation may ir or homemaker, if i		Employer's address	PO Box 3153 Harrisburg, PA	PO Box 3153 Harrisburg, PA 17105						
			How long employed the	here? 12 year	rs			_			
Pai	rt 2: Give Det	ails About Mor	nthly Income								
spoi	mate monthly inco	ome as of the diseparated.	ate you file this form. If you		•				•	•	J
	e space, attach a se			ombine the imormatio	on ioi aii e	ampi	Jyers ioi	that perso	n on the	illies below. II	you need
							For De	ebtor 1		ebtor 2 or iling spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$		0.00	\$	N/A	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$		0.00	+\$_	N/A	
4.	Calculate gross I	Income. Add lir	ne 2 + line 3.		4.	\$		0.00	\$	N/A	

					For Debtor	1			btor 2 or ing spouse	
	Сору	line 4 here	4.	-	\$	0.0	0	\$	N/A	_
5.	List a	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	0.0	n	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.0	_	\$	N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$	0.0	_	\$	N/A	_
	5d.	Required repayments of retirement fund loans	5d.		\$	0.0	_	\$	N/A	_
	5e.	Insurance	5e.		\$	0.0	_	\$	N/A	_
	5f.	Domestic support obligations	5f.		\$	0.0	_	\$	N/A	_
	5g.	Union dues	5g.		\$	0.0	_	\$	N/A	_
	5h.	Other deductions. Specify:	5h.		\$	0.0	_	· : ——	N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	9	\$ \$	0.0	_	\$	N/A	_
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	\$	0.0	_	\$	N/A	_
	8b. 8c. 8d. 8e. 8f.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: SS Pension or retirement income Other monthly income. Specify: Income tax refund	8c. 8d. 8e.			0.0 0.0 0.0 0.0 0.0 0.0 859.7 869.5 88.9	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ \$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A	- - - - -
	011.	income tax retunu	_ '''		Ψ	00.9	<u> </u>	<u> </u>	IN/A	<u>-</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,	518.2	0	\$	N/A	A
10.		ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	3,518.2	20 +	\$_	l	<b>N/A</b> = \$ _	3,518.20
11.	Includ other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not ify:	depe						edule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The resent that amount on the Summary of Schedules and Statistical Summary of Certales							12. \$Combi	
13.	Do ye	ou expect an increase or decrease within the year after you file this form  No.  Yes. Explain:	?						month	ly income

Case number (if known) 1:13-bk-04105

Debtor 1 Lois M Smith

Fill i	n this information to identify your case:		Chec	k one box only as d	lirected in this form and	in Form
Deb	tor 1 Lois M Smith			-1Supp:		
Deb	tor 2					
	use, if filing)			1. There is no pres	•	
Unit	ed States Bankruptcy Court for the: Middle District of	Pennsylvania	_		o determine if a presum nade under <i>Chapter 7 N</i>	
Cas	e number 1:13-bk-04105				icial Form 122A-2).	
(if kno					does not apply now bed service but it could app	
			-	Check if this is a	n amended filing	
Off	icial Form 122A - 1					
Ch	apter 7 Statement of Your Cu	rrent Mont	hly Inco	me		12/15
attacl case	complete and accurate as possible. If two married people in a separate sheet to this form. Include the line number to number (if known). If you believe that you are exempted frying military service, complete and file Statement of Exemple Calculate Your Current Monthly Income	which the additional om a presumption of	information app abuse because	olies. On the top of a you do not have pri	ny additional pages, write marily consumer debts or	your name and because of
1.	What is your marital and filing status? Check one o	only.				
	■ Not married. Fill out Column A, lines 2-11.					
	☐ Married and your spouse is filing with you. Fill of	out both Columns A	and B, lines 2-	11.		
	☐ Married and your spouse is NOT filing with you	. You and your spo	ouse are:			
	☐ Living in the same household and are not leg	jally separated. Fill	out both Colur	nns A and B, lines	2-11.	
	☐ Living separately or are legally separated. Fil penalty of perjury that you and your spouse are living apart for reasons that do not include evac	legally separated u	nder nonbankr	uptcy law that appli	es or that you and your	
10 th	II in the average monthly income that you received from a 01(10A). For example, if you are filing on September 15, the 6-e 6 months, add the income for all 6 months and divide the tot bouses own the same rental property, put the income from that	month period would be al by 6. Fill in the resul	March 1 throught. Do not include	n August 31. If the amo any income amount m	ount of your monthly income ore than once. For example	e varied during e, if both
				column A ebtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and commission	s (before all \$	0.00	\$	
3.	<b>Alimony and maintenance payments.</b> Do not includ Column B is filled in.	e payments from a	spouse if \$	0.00	\$	
4.	All amounts from any source which are regularly pof you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3.	t. Include regular collar ld, your dependents	ontributions s, parents,	0.00	\$	
5.	Net income from operating a business, profession	•				
		Debto	r 1			
	Gross receipts (before all deductions)	\$ 0.00				
	Ordinary and necessary operating expenses	-\$		0.00	•	
	Net monthly income from a business, profession, or fa	ırm \$C	opy here -> \$	0.00	\$	
6.	Net income from rental and other real property	Dobto	r 1			
		Debto \$ 0.00	1 1			
	Gross receipts (before all deductions)	\$ <u>0.00</u> -\$ 0.00				
1	Ordinary and necessary operating expenses	-ψ				

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

0.00

0.00

page 1

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7. Interest, dividends, and royalties

Net monthly income from rental or other real property

Best Case Bankruptcy

				Column A Debtor 1		Column B Debtor 2 or non-filing s			
8.	Unemployment compensation			\$	0.00	\$	•		
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a benef	it under	·		·			
	For you\$	0.0	00						
	For your spouse \$								
9.	<b>Pension or retirement income.</b> Do not include any ambenefit under the Social Security Act.	nount received that wa	s a	\$ 1,8	869.58	\$			
10.	Income from all other sources not listed above. Spe Do not include any benefits received under the Social S received as a victim of a war crime, a crime against hur domestic terrorism. If necessary, list other sources on a total below.	Security Act or paymen manity, or international	ts or						
	Income tax refund			\$	88.92	\$			
				\$	0.00	\$			
	Total amounts from separate pages, if any.		+	\$	0.00	\$			
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total		\$	1,958.50	<b>+</b> [\$		=[\$	1,958.50	
							Total o	current monthly	
Part	2: Determine Whether the Means Test Applies to	o You							
12.	Calculate your current monthly income for the year.	Follow these steps:							
	12a. Copy your total current monthly income from line 1	1		Сору	line 11 h	iere=>	\$	1,958.50	
	Multiply by 12 (the number of months in a year)						<b>x</b> 12		
	12b. The result is your annual income for this part of the	e form				12b.	\$2	23,502.00	
13.	Calculate the median family income that applies to	you. Follow these step	os:						
	Fill in the state in which you live.	PA							
	I iii iii tile state iii wiiicii you iive.								
	Fill in the number of people in your household.	1							
	Fill in the median family income for your state and size	of household.				13.	\$	47,439.00	
	To find a list of applicable median income amounts, go for this form. This list may also be available at the bank		pecified	in the separa	te instruc	tions			
14.	How do the lines compare?								
	14a. Line 12b is less than or equal to line 13. Of Go to Part 3.	n the top of page 1, ch	eck box	1, There is n	o presum	ption of abuse	).		
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2,	The pre	esumption of	abuse is (	determined by	Form 12	22A-2.	
Part									
	By signing here, I declare under penalty of perjury	that the information or	n this sta	tement and i	n anv atta	chments is tru	ie and c	orrect.	
					,				
	X /s/ Lois M Smith Lois M Smith								
	Signature of Debtor 1								
	Date March 6, 2018								
	MM / DD / YYYY	. 100 / 0							
	If you checked line 14a, do NOT fill out or file Forn								
	If you checked line 14b, fill out Form 122A-2 and fi	le it with this form.							

Official Form 122A-1

**Chapter 7 Statement of Your Current Monthly Income** 

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